

Review Requirements Checklist
ESSENTIAL AND STANDARD PLANS
HEALTH MAINTENANCE ORGANIZATIONS

REVIEW REQUIREMENTS	REFERENCES	COMMENTS
General Filing Requirements		
Transmittal Letter	14 VAC 5-100-40	Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both. (Our system limits the number of characters to 20, including spaces, commas, hyphens, etc.)
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which the form is intended.
	14 VAC 5-100-40 6	At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to, State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7	Must include the name and individual NAIC number of the company for which the filing is made.
Forms		
Form number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company name & address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any policy, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.

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Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insured Code does not define "Insurance Fraud". Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.
Standard Provisions		
Elimination Riders not Allowed	14 VAC 5-234-40 D	Riders or endorsements may not be issued which reduce or eliminate benefits, with exception of dental benefits.
12 Months Preexisting Condition Exclusion	14 VAC 5-234-40 E	Plan may not exclude coverage for a loss due to a preexisting condition for a period greater than 12 months.
Option Dental Benefits	14 VAC 5-234-40 I	Carrier must offer benefit coverage that does not provide dental benefits
Meets Minimum Standards for Essential Benefit Plan	14 VAC 5-234-50	Plan must include minimum Essential Benefit Plan benefits. Plan may not include mandated benefits provided under § 38.2-3418 through § 38.2-3418.13.
Meets Minimum Standards for Standard Benefit Plan	14 VAC 5-234-60	Plan must include minimum Standard Benefit Plan benefits. Plan may not include mandated benefits provided under § 38.2-3418 through § 38.2-3418.13.
Limitations and Exclusions	14 VAC 5-234-70 A	Plan may not limit or exclude coverage by type of illness, accident, treatment or medical treatment, except for those stated in this regulation.
No Waiver for Preexisting Conditions	14 VAC 5-234-70 B	Waivers are not allowed to exclude, limit or reduce coverage or benefits for preexisting conditions.
Member Responsibility Amounts	14 VAC 5-234-80 3 a	For not federally qualified HMOs, members may not be held responsible for amounts in excess of those stated in this regulation.
Out of Pocket Limits	14 VAC 5-234-80 3 b	For members with individual coverage, out of pocket limit may not exceed \$5,000 per contract or calendar year. For members with other than individual coverage, out of pocket limit may not exceed \$15,000 per contract or calendar year.
Lifetime Maximum Amount	14 VAC 5-234-80 3 c	Plan must have a lifetime maximum amount of \$1 million.
Member Responsibility Amounts	14 VAC 5-234-80 4 a	For federally qualified HMOs, members may not be held responsible for amounts in excess of those stated in this regulation.
Out of Pocket Limits	14 VAC 5-234-80 4 b	For members with individual coverage, out of pocket limit may not exceed \$5,000 per contract or calendar year. For members with other than individual coverage, out of pocket limit may not exceed \$15,000 per contract or calendar year.
Inpatient Hospital Limits	14 VAC 5-234-80 4 c	Plan may not have deductibles or limits on inpatient hospital stays.
Point of Service Benefits	14 VAC 5-234-80 5	HMOs may offer a point of service plan without network benefits. Benefits must comply with out of network benefits set forth in subdivision 2 of subsection A of this section.
Benefit Increases	14 VAC 5-234-90 A	Any rider that increases benefits, with accompanying increase in premium, must be agreed to in writing by contract holder.

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Rider Premium	14 VAC 5-234-90 B	When separate premium is charged for benefits provided in connection with rider, such premium must be set forth in the plan.
Preexisting Conditions Limitations	14 VAC 5-234-90 C	Plan limitations for preexisting conditions must appear as a separate paragraph entitled "Preexisting Conditions Limitations".
State Corporation Commission Toll-Free Number	14 VAC 5-234-90 D	Toll-free number of the SCC's Bureau of Insurance must be included in the plan.
Right to Organization Guidelines	14 VAC 5-234-90 E	Plan must include language advising members of their rights to receive a copy of the current recommendations of the organizations listed in subdivisions 3 or 5 of 14 VAC 5-234-50.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at
<http://www.state.va.us/scc/division/boi/webpages/administrativeltrs.htm>

The Life and Health Division, Forms and Rates Section handles essential and standard plans for health maintenance organizations. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

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I hereby certify that I have reviewed the attached essential and standard plan for the health maintenance organization filing and determined that it is in compliance with the essential and standard plan for health maintenance organization checklist.

Signed: _____

Name (please print): _____

Company Name: _____

Date: _____ Phone No: () _____ FAX No: () _____

E-Mail Address: _____